Access to Medical Imaging Act of 2007 Introduced

In response to the recent cuts in imaging reimbursement that went into effect January 1 as part of the Deficit Reduction Act (DRA) of 2005, Representative Carolyn McCarthy (D-NY) introduced the Access to Medical Imaging Act of 2007 (HR 1293) in the House of Representatives on March 1. The bill was referred to the Committee on Energy and Commerce and the Committee on Ways and Means. At this writing, there are 39 cosponsors of the bill—20 Democrats and 19 Republicans.

The act would direct the Comptroller General to create a report on problems and potential problems resulting from implementation of the DRA that are related to the availability and quality of diagnostic imaging services in physician offices and freestanding clinics. To protect the Medicare program while the study is taking place, HR 1293 would establish a 2-year moratorium on certain Medicare physician payment reductions for advanced diagnostic imaging services.

In related news, the Access to Medical Imaging Coalition (AMIC) released a study by the Moran Company that shows total reimbursement for imaging services in physician offices and imaging centers will fall approximately 18%–19% below total reimbursement for similar services provided in hospital outpatient departments as a result of the DRA. The report serves as further proof that issues such as patient access and patient care must be assessed prior to further implementation of the cuts.

SNM has been a member of AMIC throughout 2006 and 2007. Since its formation, AMIC has worked tirelessly with Congress and CMS to alleviate the payment cuts physicians will and have experienced from the imaging provisions within the DRA. To learn more about AMIC and the Moran Company study, please visit www.imagingaccess.org.

Alliance Meeting/CARE Legislation

On February 26 the Alliance for Quality Medical Imaging and Radiation Therapy—a group of 20 radiologic science organizations (including the SNMTS) representing more than 350,000 imaging technologists, radiation therapists, and medical physicists—met to discuss the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy bill (CARE bill) and work on potential draft regulations to propose to the Department of Health & Human Services should the CARE bill be enacted. The CARE bill would require personnel performing medical imaging and radiation therapy procedures to meet minimum education and credentialing standards in order for the procedures to be eligible for Medicare reimbursement.

Hugh Cannon

The CARE bill (HR 583) was introduced in the House of Representatives by Representative Mike Doyle (D-PA) on January 19 and was referred to the Committee on Energy and Commerce. Congressman Doyle recently distributed a "Dear Colleague" letter to his colleagues in the House to gain support for and increase awareness of HR 583.

In addition to its efforts on behalf of the House bill, the Alliance anticipates that the Senate will reintroduce their version of the CARE bill (known as RadCARE) in early spring. As a result of the unanimous passage of the RadCARE bill in the 109th Senate, the RadCARE legislation should receive a relatively swift and positive consideration in the 110th. Fast passage through the Senate would allow more opportunity for the Alliance to focus on moving the legislation through the House.

NAS Studies: State of the Science and Isotope Production Without Highly Enriched Uranium

The National Academy of Sciences (NAS) "State of the Science in Nuclear Medicine" committee held their sixth and final meeting February 19–20 in Washington, DC. The final report from the 13-month project will likely be completed in late spring or summer.

The NAS committee on "Medical Isotope Production Without Highly Enriched Uranium" held their first meeting on February 15. The 24-month study was mandated by Congress in Section 630 of the Energy Policy Act of 2005 and will determine:

- The feasibility of procuring supplies of medical isotopes from commercial sources that do not use highly enriched uranium, using the definition of feasibility defined in Section 630 of the Energy Policy Act of 2005.
- The current and projected demand and availability of medical isotopes in regular current domestic use.
- The progress that is being made by the Department of Energy and others to eliminate all use of highly enriched uranium in reactor fuel, reactor targets, and medical isotope production facilities.

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Cancer-Targeted Optical Imaging and Photodynamic Therapy

In an article e-published on February 14 ahead of print in *Bioconjugate Chemistry*, Stefflova et al. from the University of Pennsylvania (Philadelphia) and the University of Toronto (Ontario) reported on the design and synthesis of a folate receptor–targeted, water-soluble, and pharmacomodulated photodynamic therapy (PDT) agent that selectively detects and destroys targeted cancer cells while sparing normal tissue. The authors reported that this action was achieved by minimizing normal organ uptake and by discriminating between tumors with different levels of folate receptor (FR) expression. This therapy approach with a "pyro-peptide folate" (PPF) consisted of 3 components: (1) pyropheophorbide as an imaging and therapeutic agent; (2) a peptide sequence as a stable linker and modulator improving delivery efficiency; and (3) folate as a homing molecule targeting FR-expressing cancer cells. In in vitro experiments, an enhanced accumulation of PPF was seen in FR-expressing cells and not in FR-negative cells, resulting in post-PDT killing of FR-expressing cells. In addition to other advantages, the authors found that incorporating a short peptide sequence significantly improved the delivery efficiency of the probe, a process they attributed to a possible peptide-based pharmacomodulation as demonstrated by a 50-fold reduction in PPF accumulation in liver and spleen when compared with the accumulation of a peptide-lacking probe. They concluded that "this approach could potentially be generalized to improve the delivery efficiency of other targeted molecular imaging and photodynamic therapy agents."

Bioconjugate Chemistry

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- The potential cost differential in medical isotope production in the reactors and target processing facilities if the products were derived from production systems that do not involve fuels and targets with highly enriched uranium.

To view more details about the NAS "State of the Science in Nuclear Medicine" or "Medical Isotope Production Without Highly Enriched Uranium" studies, please visit the NAS Web site at www.nasonline.org.

NRC/NARM Final Rule Delayed

The Nuclear Regulatory Commission (NRC) release of the final rule on naturally occurring and accelerator-produced radioactive material (NARM) has been delayed until this summer. The NARM final rule was originally scheduled for a February 7 release per the short timeframe mandated by Section 651(e) of the Energy Policy Act of 2005 but is still being revised by the relevant working group at NRC.

HPRA Newsletter

The SNM/ACNP Health Policy and Regulatory Affairs (HPRA) Department now provides a monthly electronic newsletter covering government relations and practice management topics and activities. We encourage any and all interested parties to sign up for the newsletter distribution list by sending your name and e-mail address to hpra@snm.org.

Hugh Cannon
Director of Health Policy and Regulatory Affairs, SNM